

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER
PHNL010357 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Method of preparing a polymer, method of preparing a compound, compounds, polymers, and method of manufacturing an electronic device"**
the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No

on

and was amended

on

☒ was filed as PCT international application
PCT/EP01/06049

Number

on 25 May 2001

and was amended under PCT Article 19

on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	00201911.5	30 May 2000	YES

U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)	Attorneys Docket Number PHNL010357 US
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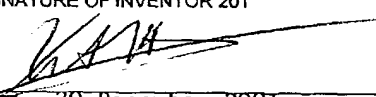
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (List name and registration number)

Jack E. Haken, Reg. No. 26,902
Michael E. Marion, Reg. No. 32,266
Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to:
(name and telephone number)
(914)332-0222

201 1-	FULL NAME OF INVENTOR	FAMILY NAME TEN HOEVE	FIRST GIVEN NAME Wolter	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Assen	STATE OR FOREIGN COUNTRY The Netherlands NLX	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Vreebergen 2	CITY 9403 ES Assen	STATE & ZIP CODE/COUNTRY The Netherlands
202 2-	FULL NAME OF INVENTOR	FAMILY NAME DE KOK	FIRST GIVEN NAME Margaretha	SECOND GIVEN NAME Maria
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands NLV	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
203 3-4	FULL NAME OF INVENTOR	FAMILY NAME HUISMAN	FIRST GIVEN NAME Bart-Hendrik	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands NLV	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
204 4-10	FULL NAME OF INVENTOR	FAMILY NAME HERWIG	FIRST GIVEN NAME Peter	SECOND GIVEN NAME Tobias
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
205 5-10	FULL NAME OF INVENTOR	FAMILY NAME VAN BREEMEN	FIRST GIVEN NAME Albert	SECOND GIVEN NAME Jos Jan Marie
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Madernolaan 2	CITY 5624 KT Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 20 December 2001	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

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⊗ MORSESTRAAT 5 5621 AL EINDHOVEN

Per HJ